



Nebraska Children's Commission

1225 L Street, Suite 401
Lincoln, NE 68508

Juvenile Services Committee Application Form

The Nebraska Children's Commission is accepting applications for the Juvenile Services Committee. The mission of this Committee is to design a comprehensive, accountable, culturally competent, continuum of care in the juvenile justice system that meets the needs of families and youth while maintaining public safety. Members of the committee will be asked to serve for terms of two (2) years.

If you would like to be considered for this committee, please complete the attached 2-page form which may be e-mailed to NECC.Contact@nebraska.gov or mailed to:

Nebraska Children's Commission
1225 L Street, Ste. 401
Lincoln, NE 68508-2171

**Nebraska Children's Commission
Juvenile Services Committee Membership Application**

Name:			
Address:			
	City:	State:	Zip:
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):	1.		
	2.		
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requestsd? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment position. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Position(s) for which you are applying: (check all that apply)

- ☐ County Attorney (County: _____)
- ☐ Practicing Defense Attorney
- ☐ Representative of Juvenile Probation
- ☐ Representative of the Department of Health and Human Services, Office of Juvenile Services
- ☐ Representative of the Department of Health and Human Services, Division of Medicaid and Long-Term Care
- ☐ Representative of the Department of Health and Human Services, Division of Behavioral Health
- ☐ Representative of the Adminstrating Entity of Title II funds
- ☐ Representative of a Group Home/Shelter Provider
- ☐ Representative of a Treatment Placement Provider
- ☐ Representative of an In-Home Service Provider
- ☐ Representative of the Court Improvement Project
- ☐ Representative of the Department of Education
- ☐ Representative of the Crime Commission
- ☐ Judge Representative
- ☐ Representative of an Advocate Group
- ☐ Data Expert
- ☐ Representative of the Nebraska Children's Commission
- ☐ Other (please specify): _____

Reason for Seeking this Appointment: